12/16/2009 13:37

Image# 29993456646

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 30 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 12 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/34

Write or Type Committee Name American Council of Life Insurers Political Action Committee

FEC Form 3X (Rev. 02/2003)

Y W Y 2009 ^D 30 м м 1 1 D D 0 1 2009 To: Report Covering the Period: From:

| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|----|---|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1 2009^{Y} Y | | 58032.39 |
| | (b) Cash on Hand at Begining of Reporting Period | 78785.41 | |
| | (c) Total Receipts (from Line 19) | 15758.74 | 304012.99 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 94544.15 | 362045.38 |
| | Total Disbursements (from Line 31) | 24000.00 | 291501.23 |
| | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 70544.15 | 70544.15 |
| | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 34

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M M 1 1 0 1 2 0 0 9 To: M M M 3 0 2 0 0 9

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------|--|-------------------------------|-----------------------------------|
| | Contributions (other than loans) From: a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 7615.27 | 93247.16 |
| | (ii) Unitemized | 1643.47 | 36765.83 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 9258.74 | 130012.99 |
| (I | b) Political Party Committees | 0.00 | 0.00 |
| | c) Other Political Committees (such as PACs) | 6500.00 | 174000.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 15758.74 | 304012.99 |
| | ransfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. A | All Loans Received | 0.00 | 0.00 |
| | oan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (| Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| to | o Federal candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts Dividends, Interest, etc.) | 0.00 | 0.00 |
| - | ransfers from Non-Federal and Levin Funds | | |
| (; | a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (1 | b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (0 | c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c)) | 15758.74 | 304012.99 |
| | otal Federal Receipts subtract Line 18(c) from Line 19) | 15758.74 | 304012.99 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/34

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| (/ | 0.00 | 0.00 |
| (ii) Non-Federal Share(b) Other Federal Operating | 0.00 | 0.00 |
| Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 0.00 |
| Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| CommitteesContributions to | 0.00 | 0.00 |
| Federal Candidates/Committeesand Other Political Committees | 23000.00 | 279801.23 |
| Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other | | |
| Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | 0.00 | 0.00 |
| (add Lines 28(a), (b), and (c)) | | |
| Other Disbursements | 1000.00 | 11700.00 |
| Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | | |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| . Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 24000.00 | 291501.23 |
| . Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | 24000.00 | 291501.23 |
| from Line 31) | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 34

| III. Net Contributions/Operati Expenditures | ing COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans from Line 11(d), page 3) | · | 304012.99 |
| 44. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15758.74 | 304012.99 |
| 66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

FE6AN026

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 34 (check only one) X 11a |
|---|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Council of Life Insurers | and Statements may not be sold or used by any person g the name and address of any political committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | Tolliou / tollon committee | T |
| Mr. Thomas E. Rattmann | | Date of Receipt |
| Mailing Address 2601 Pinebluff Dri | ve | 1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 32238562 |
| <u>Vestal</u> | NY 13850-2909 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer Columbian Mutual Life Ins- | Occupation | 1 |
| urance Compan | Chairman of the Board, President & Ch | ni - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1175.00 | |
| Full Name (Last, First, Middle Initial) Mr. Harold E. Riley | 1 | Date of Receipt |
| Mailing Address P.O. Box 149151 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City | State Zip Code | Transaction ID: 32238563 |
| Austin | TX 78714-9151 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer CICA Life Insurance Compa- ny of America | Occupation Chairman | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Mr. Howard V. Neff | | Date of Receipt |
| Mailing Address 6 Ships Way | | 1 1 0 3 2 0 0 9 |
| City | State Zip Code | Transaction ID: 32238564 |
| Bourne | MA 02532-5424 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Boston Mutual Life Insura- nce Company | Occupation Vice President, Real Estate and CIO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 1375.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7/34 (check only one) X |
|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers | and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Gail E. Lataille Mailing Address 256 Stanley Drive City Glastonbury FEC ID number of contributing federal political committee. Name of Employer VantisLife Insurance Company | State Zip Code CT 06033-2622 C Occupation Senior Vice President and Treasurer | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Scott E. Smith Mailing Address 19 Cardinal Way City South Windsor FEC ID number of contributing | State Zip Code CT 06074-3745 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) ▼ | Occupation Senior Vice President & COO Aggregate Year-to-Date ▼ 250.00 | 250.00 |
| Full Name (Last, First, Middle Initial) Mr. Dennis J. Manning Mailing Address 631 Long Ridge Ro Unit 22 City Stamford FEC ID number of contributing | State Zip Code CT 06902-1258 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| recomplified of contributing federal political committee. Name of Employer Guardian Life Insurance Company of Ame Receipt For: Primary General Other (specify) | Occupation CEO Aggregate Year-to-Date ▼ 1000.00 | 500.00 |
| SUBTOTAL of Receipts This Page (option | al) | 1000.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 34 (check only one) X |
|----------------|---|---------------------------------|---|---|
| , | any information copied from such Reports and r for commercial purposes, other than using the | Statements ma he name and ad | ly not be sold or used by any persoldress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Po | olitical Action | Committee | |
| ۷. | Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora | | | Date of Receipt |
| | Mailing Address 866 Crestgate Circle | | | 111 13 2009 |
| | City <u>Orlanda</u> | State FL | Zip Code 32819 | Transaction ID: 32482835 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 32019 | 20.00 |
| | Name of Employer Hannover Life Reassurance Company of A | Occupation SVP & C | on Chief Actuary | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 420.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora | Date of Receipt | | |
| | Mailing Address 866 Crestgate Circle | 11 30 2009 | | |
| | City | State | Zip Code | Transaction ID: 32678762 |
| | Orlanda | FL | 32819 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.00 |
| | Name of Employer Hannover Life Reassurance Company of A | Occupation SVP & C | on Chief Actuary | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 440.00 | |
| . - | Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent | Date of Receipt | | |
| | Mailing Address 101 Constitution Ave, NW Suite 700 | | | 11 30 7 9 9 |
| | City Washington | State DC | Zip Code 20001-2133 | Transaction ID: PR1120489718068 |
| | FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 96.00 |
| | Name of Employer American Council of Life Insurers | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1056.00 | P/R Deduction (\$48.00 Sem- i-Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 136.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 1 | |
|---|---|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may ne name and add | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | |
| NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol | litical Action C | Committee | | |
| Full Name (Last, First, Middle Initial) Mr. Donald L. Walker | | | Date of Receipt | |
| Mailing Address 101 Constitution Ave, Suite 700 | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City | State | Zip Code | Transaction ID: PR1156427118068 | |
| Washington FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 100.00 | |
| Name of Employer American Council of Life Insurers | Occupation | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1100.00 | P/R Deduction (\$50.00 Sem- i-Monthly) | |
| Full Name (Last, First, Middle Initial) Mr. John J Patterson | | | Date of Receipt | |
| Mailing Address 10075 Red Run Blvd | 11 30 7 2009 | | | |
| City | State | Zip Code | Transaction ID: PR1231727518068 | |
| Owings Mills FEC ID number of contributing federal political committee. | C | 21117-4865 | Amount of Each Receipt this Period 137.50 | |
| Name of Employer Baltimore Life Insurance Company Receipt For: | | ce President, Operations Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | , iggi ogalo | 481.25 | P/R Deduction (\$68.75 Bi- Weekly) | |
| Full Name (Last, First, Middle Initial) Mr. W. Bryant Sadler | | | | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y | |
| City | State | Zip Code | Transaction ID: PR1415470218068 | |
| Washington FEC ID number of contributing | DC | 20001-2140 | Amount of Each Receipt this Period | |
| federal political committee. | C | | 20.00 | |
| Name of Employer American Council of Life Insurers | Occupation Staff Acco | ountant | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) | |
| SUBTOTAL of Receipts This Page (optional). | • | > | 257.50 | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 34 (check only one) X |
|---|-------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| American Council of Life Insurers Polit | tical Action (| Committee | |
| Full Name (Last, First, Middle Initial) Ms. Mandana Parsazad | | | Date of Receipt |
| Mailing Address 1914 Horse Shoe Drive | 11 30 2009 | | |
| City | State | Zip Code | Transaction ID: PR1481799818068 |
| Vienna | VA | 22182-3755 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 20.00 |
| Name of Employer American Council of Life Insurers | Occupation Attorney | n | |
| Receipt For: | . ' | Year-to-Date V | |
| Primary General Other (specify) | 0 0 | 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) |
| Full Name (Last, First, Middle Initial) Mr. Craig D. Simms | | | Date of Receipt |
| Mailing Address 31 Quail Hollow Drive | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: PR1503559918068 |
| Southington | CT | 06489-1617 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 24.00 |
| Name of Employer VantisLife Insurance Comp- any | Occupation Senior Vi | n ce President, Sales & Marke | eti . |
| Receipt For: | Aggregate | Year-to-Date V | |
| Primary General Other (specify) ▼ | | 252.00 | P/R Deduction (\$12.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone | | | Date of Receipt |
| Mailing Address 32 Lincoln | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: PR1503560118068 |
| Weatogue | CT | 06089-9780 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 62.00 |
| Name of Employer VantisLife Insurance Comp- any | Occupation Presiden | n t & Chief Executive Officer | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 651.00 | P/R Deduction (\$31.00 Bi- Weekly) |
| ☐ Other (specify) ▼ | 0 0 | | Wedny) |
| SUBTOTAL of Receipts This Page (optional) | | | 106.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 34 (check only one) X |
|---|--|---------------------------------|---|---|
| 4 | Any information copied from such Reports and S or for commercial purposes, other than using the | statements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Politics American Council of Life Insurers Pol | tical Action | Committee | |
| | Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, 101 Constitution Ave, | 11 30 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1550105918068 |
| | Washington | DC | 20001-2140 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 348.96 |
| | Name of Employer American Council of Life Insurers | Occupation Executive | n e Vice President | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 3838.56 | P/R Deduction (\$174.48 Semi-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr. | 1 | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | 11 30 7 2009 | | |
| | City Washington | Transaction ID: PR1554864818068 | | |
| | FEC ID number of contributing federal political committee. | C | 20001-2140 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer American Council of Life Insurers | Occupatio Counsel | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1100.00 | P/R Deduction (\$50.00 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Gail Steinberg | 1 | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, NW Suite 700 | | | 11 30 7 2009 |
| | City | State | Zip Code | Transaction ID: PR1565786718068 |
| | Washington FEC ID number of contributing | DC | 20001-2140 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 40.00 |
| | Name of Employer American Council of Life Insurers | | Federal Relations | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 440.00 | P/R Deduction (\$20.00 Semi- i-Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | • | | 488.96 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|-----|--|---|---|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | American Council of Life insurers i on | TICAI ACTION | Committee | |
| ۱. | Full Name (Last, First, Middle Initial) Mr. Bruce A. Friedland Mailing Address 116 Hill Top Drive | | | Date of Receipt |
| | <u> </u> | | | 11 30 2009 |
| | City | State CT | Zip Code | Transaction ID: PR1638876018068 |
| | Weatogue FEC ID number of contributing | | 06089-9676 | Amount of Each Receipt this Period 250.00 |
| | federal political committee. | C | | 230.00 |
| | Name of Employer VantisLife Insurance Comp- any | Occupation Vice Pre- | n sident & Chief Actuary | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | P/R Deduction (\$250.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | 11 30 / Y Y Y Y Y | | |
| | City | Transaction ID: PR1647849718068 | | |
| | Washington | DC | 20001-2140 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer American Council of Life | Occupatio | n Taxes & Retirement Securit | W. |
| | Insurers Receipt For: | , ' | e Year-to-Date | <u>y</u> |
| | Primary General Other (specify) ▼ | 33 13 | 440.00 | P/R Deduction (\$20.00 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Stephanie Baker | | | Date of Receipt |
| | Mailing Address 6652 Loch Hill Road | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: PR1719284418068 |
| | Baltimore | MD | 21239-1644 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Baltimore Life Insurance Company | , ' | ice President, New Business | 3 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 225.00 | P/R Deduction (\$37.50 Bi- Weekly) |
| _ | □ Strict (opeoliy) ▼ | 0 0 | 0 0 0 0 0 0 0 0 | 1 |
| | SUBTOTAL of Receipts This Page (optional) | | | 365.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 34 (check only one) X |
|--------|--|--------------------------------|---|---|
| A 0 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol | itical Action | Committee | |
| | Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Washington | State DC | Zip Code 20001-2133 | Transaction ID: PR771358218068 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2000, 2.100 | 291.66 |
| | Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ | | on e Vice Pres & General Couns e Year-to-Date ▼ 3208.26 | P/R Deduction (\$145.83 Semi-Monthly) |
| | Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | 11 | | |
| | City | Transaction ID: PR771362418068 | | |
| | Washington FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 101.66 |
| | Name of Employer American Council of Life Insurers | Occupation Vice Pre | n sident, Conference Developr | — nent |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1118.27 | P/R Deduction (\$50.83 Sem- i-Monthly) |
| | Full Name (Last, First, Middle Initial) Ms. Roberta B. Meyer | 1 | | Date of Receipt |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771362718068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer American Council of Life Insurers Receipt For: | - ' | General Counsel | |
| | Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) |
| Γ. | SUBTOTAL of Receipts This Page (optional) . | 1 | | 413.32 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 34 (check only one) X |
|---------|--|----------------------------------|---|---|
| 4 | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli | tical Action (| Committee | |
| ∠ 4. | Full Name (Last, First, Middle Initial) Mr. John F. Dolan | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 West | NW | | 11 30 4 2009 |
| | City Washington | State DC | Zip Code | Transaction ID: PR771365418068 |
| | FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Council of Life Insurers Receipt For: | | sident, Media Relations | |
| | Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 660.00 | P/R Deduction (\$30.00 Sem- i-Monthly) |
| - 3. | Full Name (Last, First, Middle Initial) Ms. Barbara A. Price | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 West | ue, NW | | 11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Washington | State DC | Zip Code 20001-2133 | Transaction ID: PR771369018068 |
| | FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 54.60 |
| | Name of Employer American Council of Life Insurers | Occupation VP, Legis | n slative & Regulatory Informat | ti |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 600.60 | P/R Deduction (\$27.30 Sem- i-Monthly) |
| _ ;. | Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 West | ue, NW | | 11 30 / Y Y Y Y Y |
| | City Washington | State DC | Zip Code | Transaction ID: PR771373218068 |
| | FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 261.46 |
| | Name of Employer American Council of Life Insurers | | ice President, State Relations | s |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 2876.05 | P/R Deduction (\$130.73 Semi-Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 376.06 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|----------------------------------|--|---|
| 5 | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | American Council of Life Insurers Pol | itical Action (| Committee | |
| | Full Name (Last, First, Middle Initial) Ms. Shawn Hausman | N 10 A 7 | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 11 30 7 2009 |
| | City | State | Zip Code | Transaction ID: PR771373518068 |
| | Washington FEC ID number of contributing | DC | 20001-2133 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 52.08 |
| | Name of Employer American Council of Life Insurers | Occupation Sr. Vice | n President, Public Affairs | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 544.80 | P/R Deduction (\$26.04 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Mr. David M. Leifer | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771374018068 |
| | Washington 550 ID and here for a state time. | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 132.34 |
| | Name of Employer American Council of Life Insurers | Occupation Senior C | | |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 1455.73 | P/R Deduction (\$75.00 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Mr. James D. Hall | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771374318068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer American Council of Life Insurers | Occupation Senior Co | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | D/D D - 1 - 1 (0:15 00 0 |
| | Other (specify) | | 330.00 | P/R Deduction (\$15.00 Sem- i-Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) . | 1 | | 214.42 |

| | EDULE A (FEC Form 3X) IIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 34 (check only one) X 11a |
|------------|--|-----------------------|---|---|
| or for o | formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Council of Life Insurers Polit | name and add | dress of any political committee to s | for the purpose of soliciting contributions |
| | reneal Council of Life insurers Folia | licai Action (| Committee | |
| | Name (Last, First, Middle Initial) | | | Baland Bandal |
| | David R. Wentworth ling Address 101 Constitution Avenu | 10 NIM | | Date of Receipt |
| iviai | Suite 700 West | Je, INVV | | 11 30 2009 |
| City | / | State | Zip Code | Transaction ID: PR771376018068 |
| <u>Wa</u> | ashington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 60.00 |
| | me of Employer erican Council of Life | Occupatio | n sident, Research | |
| | urers ceipt For: | . ' | e Year-to-Date | - |
| | Primary General Other (specify) ▼ | 7 iggi ogalic | 660.00 | P/R Deduction (\$30.00 Sem- i-Monthly) |
| | Name (Last, First, Middle Initial) C. Bryan Cox | | | Date of Receipt |
| Mai | iling Address 101 Constitution Avenu Suite 700 West | ue, NW | | 11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | / | State | Zip Code | Transaction ID: PR771376818068 |
| <u>Wa</u> | ashington | DC | 20001-2133 | Amount of Each Receipt this Period |
| FE(| C ID number of contributing eral political committee. | C | | 47.30 |
| | me of Employer erican Council of Life urers | Occupatio Regional | n Vice President | |
| | ceipt For: | , ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 520.30 | P/R Deduction (\$23.65 Sem- i-Monthly) |
| | Name (Last, First, Middle Initial) John W. Mangan, CEBS | | | Date of Receipt |
| | iling Address 101 Constitution Ave, I Suite 700 | NW | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: PR771377118068 |
| <u>W</u> a | ashington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | C ID number of contributing eral political committee. | C | | 200.00 |
| Ins | ne of Employer lerican Council of Life urers | Occupatio Regional | n Vice President, State Relatio | |
| Red | ceipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 2200.00 | P/R Deduction (\$100.00 Semi-Monthly) |
| CUPT | OTAL of Receipts This Page (optional) | I | | 307.30 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|-------------------------------|---|---|
| 2 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | American Council of Life Insurers Poli | tical Action (| Committee | |
| | Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan | | | Date of Receipt |
| | Mailing Address 101 Constitution Avenuation Suite 700 West | ue, NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771395118068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 171.83 |
| | Name of Employer American Council of Life Insurers | Occupation Executive | n e Vice President, Federal Re | la |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 5000.00 | P/R Deduction (\$171.83 Semi-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Mr. John Pearson | | | Date of Receipt |
| | Mailing Address 10075 Red Run Boule | vard | | 11 30 7 9 9 |
| | City | State | Zip Code | Transaction ID: PR771402618068 |
| | Owings Mills | MD | 21117-4865 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Baltimore Life Insurance Company | Occupation President | | |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 700.00 | P/R Deduction (\$100.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Olivia Gillis | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | NW | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771408118068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer American Council of Life Insurers | Occupation Senior E | ditor | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 391.83 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | f | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----|---|-----------------------------------|--|---|
| Ai | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not an and address | be sold or used by any perso s of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Council of Life Insurers Pol | litical Action Con | nmittee | |
| _ | Full Name (Last, First, Middle Initial) Mr. Morris Goff | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771419318068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 177.26 |
| | Name of Employer American Council of Life | Occupation | | |
| | Insurers Receipt For: | | nt, Federal Relations | _ |
| | Primary General | Aggregate Yea | 1 1 1 1 1 1 | P/P Doduction (\$88.63 Som |
| | Other (specify) ▼ | 0 0 0 | 1790.30 | P/R Deduction (\$88.63 Sem- i-Monthly) |
| | Full Name (Last, First, Middle Initial) Frank Keating | | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771419718068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 416.66 |
| | Name of Employer American Council of Life Insurers | Occupation President & | CEO | |
| | Receipt For: | Aggregate Yea | ar-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4583.26 | P/R Deduction (\$208.33 Semi-Monthly) |
| | Full Name (Last, First, Middle Initial) Brenda Nation | 1 | | Date of Receipt |
| | Mailing Address 101 Constitution Aver Suite 700 West | nue, NW | | 11 30 4 2009 |
| | City | State | Zip Code | Transaction ID: PR771419918068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 125.00 |
| | Name of Employer American Council of Life | Occupation Senior Coun | | |
| | Insurers Receipt For: | Aggregate Yea | | \dashv |
| | Primary General | 7.99709410 100 | 1 1 1 1 1 1 | P/R Deduction (\$75.00 Sem- |
| | Other (specify) ▼ | | 1125.00 | i-Monthly) |
| | UBTOTAL of Receipts This Page (optional) | | | 718.92 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 34 (check only one) X |
|---------|--|----------------------------------|---|--|
| 4 | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli | itical Action C | Committee | |
| ∠ 4. | Full Name (Last, First, Middle Initial) Ms. Nancy Smith | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 West | | | 11 30 7 2009 |
| | City Washington | State DC | Zip Code 20001-2133 | Transaction ID: PR771420018068 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 20001 2100 | 30.00 |
| | Name of Employer American Council of Life Insurers Receipt For: | 1 = | Assistant Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 330.00 | P/R Deduction (\$15.00 Semi-Monthly) |
| _ 3. | Full Name (Last, First, Middle Initial) Ms. Debra K. West | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 West | iue, NW | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771421018068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer American Council of Life Insurers | Occupation Senior Co | ounsel & Director, Southern | Re |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1100.00 | P/R Deduction (\$50.00 Sem-i-Monthly) |
| _). | Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | NW | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771421118068 |
| | Washington FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 40.00 |
| | Name of Employer American Council of Life Insurers | Occupation Assoc. G | eneral Counsel | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 440.00 | P/R Deduction (\$20.00 Sem-i-Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 170.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
|-----------|---|-----------------------|---|---|
| A | ny information copied from such Reports and St | atements may | y not be sold or used by any person | n for the purpose of soliciting contributions |
| \ \ | NAME OF COMMITTEE (In Full) | TIAITIC AITO AO | areas or any political committee to | Solicit Contributions from Sacri Committee. |
| \rangle | American Council of Life Insurers Politi | ical Action (| Committee | |
| | Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, N Suite 700 West | 1W | | 11 30 4 4 9 9 |
| | City | State | Zip Code | Transaction ID: PR771422918068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 64.88 |
| | Name of Employer American Council of Life Insurers | Occupatio PAC Dire | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 713.68 | P/R Deduction (\$32.44 Sem- i-Monthly) |
| | Full Name (Last, First, Middle Initial) Mr. Jeffry J. Janoska | | | Date of Receipt |
| | Mailing Address 101 Constitution Avenu Suite 700 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771423118068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 18.34 |
| | Name of Employer American Council of Life Insurers | Occupatio Senior P | n olicy Analyst | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 201.73 | P/R Deduction (\$9.17 Semi- Monthly) |
| | Full Name (Last, First, Middle Initial) Ms. Lisa Tate | | | Date of Receipt |
| | Mailing Address 101 Constitution Avenu Suite 700 | ie, NW | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771423218068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer American Council of Life | Occupatio | n e General Counsel, Litigation | |
| | Insurers Receipt For: | - | e Year-to-Date | 1 |
| | Primary General | , iggi cgale | | P/R Deduction (\$40.00 Sem- |
| | Other (specify) ▼ | 0 0 | 880.00 | i-Monthly) |
| _ | SUBTOTAL of Receipts This Page (optional) | | | 163.22 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------------|--|------------------------------|--|---|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any person dress of any political committee to s | for the purpose of soliciting contributions colicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli | itical Action | Committee | |
| ∠ A . | Full Name (Last, First, Middle Initial) Ms. Nina Aponte | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771425318068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer American Council of Life Insurers | Occupatio Senior S | n taff Accountant |] |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) |
| _ В. | Full Name (Last, First, Middle Initial) Mr. John P. Gerni | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | NW | | 11 30 7 9 9 |
| | City | State | Zip Code | Transaction ID: PR771428718068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 121.76 |
| | Name of Employer American Council of Life | Occupatio | n egislative Director | |
| | Insurers Receipt For: | + + | e Year-to-Date | |
| | Primary General Other (specify) ▼ | | 1339.35 | P/R Deduction (\$60.88 Sem- i-Monthly) |
| _ C. | Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 West | NW | | 11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771428818068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 131.04 |
| | Name of Employer American Council of Life Insurers | Occupatio Senior V | n ice President, Federal Relatio | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1441.46 | P/R Deduction (\$65.52 Sem- i-Monthly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 272.80 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 34 (check only one) X |
|------|---|---------------------|---|---|
| or f | vinformation copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Council of Life Insurers Po | ne name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) | IIIICAI ACIIOIT | Committee | 1 |
| ٠. | David C. Turner Mailing Address 101 Constitution Ave, | , NW | | Date of Receipt |
| - | Suite 700 | 01-1- | 7'- 0-4- | 11 30 2009 |
| | City | State DC | Zip Code | Transaction ID: PR771428918068 |
| | Washington FEC ID number of contributing federal political committee. | C | 20001-2133 | Amount of Each Receipt this Period 222.42 |
| | Name of Employer American Council of Life Insurers Receipt For: | | n President and Corp Sec. e Year-to-Date ▼ | |
| | Primary ☐ General Other (specify) ▼ | | 2260.55 | P/R Deduction (\$111.21 Semi-Monthly) |
| | Full Name (Last, First, Middle Initial) Miriam Krol | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | | | 11 |
| | City | State | Zip Code | Transaction ID: PR771434018068 |
| - | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 20.00 |
| | Name of Employer American Council of Life Insurers | Occupation Senior D | | |
| ا | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 220.00 | P/R Deduction (\$10.00 Sem- i-Monthly) |
| | Full Name (Last, First, Middle Initial) Kynondo Lewis | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | , NW | | 1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771439618068 |
| • | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 19.58 |
| | Name of Employer American Council of Life Insurers | | egal Editor | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 215.38 | P/R Deduction (\$9.79 Semi- Monthly) |
| SU | JBTOTAL of Receipts This Page (optional) | | | 262.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|----------------------------------|--|---|
| (| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | American Council of Life Insurers Pol | itical Action (| Committee | |
| | Full Name (Last, First, Middle Initial) Alane R. Dent | | | Date of Receipt |
| | Mailing Address 101 Constitution Ave, Suite 700 | NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771444318068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 58.34 |
| | Name of Employer American Council of Life Insurers | Occupation Vice Pres | n sident, Federal Relations | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 641.73 | P/R Deduction (\$29.17 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) T. Scott Dixon | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 West | nue NW | | 11 30 / 4 2009 |
| | City | State | Zip Code | Transaction ID: PR771444918068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer American Council of Life Insurers | Occupation Controlle | | |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 440.00 | P/R Deduction (\$20.00 Sem- i-Monthly) |
| _ | Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 | nue NW | | 1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771445818068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 31.26 |
| | Name of Employer American Council of Life Insurers | - ' | Research | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | D/D Deduction (645.00.0) |
| | Other (specify) | | 343.85 | P/R Deduction (\$15.63 Sem- i-Monthly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 129.60 |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 34 (check only one) X |
|---|--|----------------------------------|---|---|
| (| Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli | itical Action (| Committee | |
| | Full Name (Last, First, Middle Initial) Mrs. Courtney English | | | Date of Receipt |
| | Mailing Address 101 Consitution Avenu Suite 700 | ue NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771449418068 |
| | Washington | DC | 20001-2140 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 36.26 |
| | Name of Employer American Council of Life Insurers | Occupatio Director, | n Grassroots | 7 |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 398.85 | P/R Deduction (\$16.38 Semi- i-Monthly) |
| - | Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 | nue NW | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR771449618068 |
| | Washington FEC ID number of contributing | DC | 20001-2133 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 50.00 |
| | Name of Employer American Council of Life | Occupatio | n ice President | |
| | Insurers Receipt For: | 1 | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 550.00 | P/R Deduction (\$25.00 Sem- i-Monthly) |
| - | Full Name (Last, First, Middle Initial) Mr. John K. Bruins | | | Date of Receipt |
| | Mailing Address 101 Constitution Aven Suite 700 | nue NW | | 11 30 2009 |
| | City | State | Zip Code | Transaction ID: PR771450118068 |
| | Washington | DC | 20001-2133 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 28.50 |
| | Name of Employer American Council of Life Insurers | Occupatio Senior A | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 313.50 | P/R Deduction (\$14.25 Sem- i-Monthly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 114.76 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and address of any political committe | erson for the purpose of soliciting contributions be to solicit contributions from such committee. |
| American Council of Life Insurers Pol | itical Action Committee | |
| Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel | | Date of Receipt |
| Mailing Address 7 Daydilly Court | | 11 30 2009 |
| City Wilmington | State Zip Code DE 19808-1951 | Transaction ID: PR796887918068 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 1900-1931 | 40.00 |
| Name of Employer London Life Reinsurance Company | Occupation VP Finance, & CFO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mrs Monica M Hainer | 1 | Date of Receipt |
| Mailing Address 130 Wentworth Drive | | 11 30 7 2009 |
| City | State Zip Code | Transaction ID: PR798114418068 |
| Lansdale | PA 19446-1671 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 77.16 |
| Name of Employer London Life Reinsurance Company | Occupation President & CEO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 462.96 | P/R Deduction (\$38.58 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. Maurice Perkins | 1 | Date of Receipt |
| Mailing Address 101 Constitution Ave, Suite 700 | NW | 1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Washington | State Zip Code DC 20001-2133 | Transaction ID: PR805149118068 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 185.42 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Federal Relations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1909.83 | P/R Deduction (\$92.71 Semi-Monthly) |
| SUBTOTAL of Receipts This Page (optional) . | • | 302.58 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 34 (check only one) X |
|---|---|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi | ical Action Committee | |
| Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman Mailing Address 101 Constitution Avenu Suite 700 City | re, NW State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life | DC 20001-2133 C Occupation | Amount of Each Receipt this Period 50.00 |
| American Council of Life Insurers Receipt For: Primary General Other (specify) | Counsel, Insurance Regulation Aggregate Year-to-Date ▼ 550.00 | P/R Deduction (\$25.00 Sem-i-Monthly) |

| SUBTOTAL of Receipts This Page (optional) | > | 50.00 |
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| TOTAL This Period (last page this line number only) | | 7615.27 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Allianz Life Insurance Company PAC Mailing Address 591 Redwood Highway | #4000 | | Date of Receipt 1 1 1 3 2 0 0 9 |
| | City Mill Valley | State CA | Zip Code 94941 | Transaction ID: 32302025 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C C00 | 0095109 | 1500.00 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |
| В. | Full Name (Last, First, Middle Initial) USAA Group PAC | | | Date of Receipt |
| | Mailing Address USAA Building OP-1-E 9800 Fredericksburg Ro | oad | | 1 1 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 32453323 |
| | San Antonio | TX | 78288 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C C00 | 0164145 | 5000.00 |
| | Name of Employer | Occupation | n | 7 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 5000.00 | |

| SUBTOTAL of Receipts This Page (optional) | • | 6500.00 |
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| TOTAL This Period (last page this line number only) | • | 6500.00 |

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| SCHEDULE B (FEC Form 3X) | | NUMBER: PAGE 28/34 | |
|---|---|--------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | _ · |
| | Detailed Summary Page | 21b 27 | 22 23 24 25 26 28a 28b 28c x 29 30b |
| Any Information copied from such Reports and Stateme | anta may not be cold or used | | The state of the s |
| or for commercial purposes, other than using the name | | | |
| NAME OF COMMITTEE (In Full) | | | |
| American Council of Life Insurers Political A | Action Committee | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 32120502 |
| Keep Jeff Greer Representative | | | Date of Disbursement |
| Mailing Address P.O. Box 1007 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| | State Zip Code KY 40108 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Jeff Greer, STATE HOUSE 27th KY | | 011 | 500.00 |
| Candidate Name KY Rep. Jeff Greer | | Category/ Type | |
| | nent For: 2010 Primary General Other (specify) | | Jeff Greer, STATE HOUSE 27th KY |
| Full Name (Last, First, Middle Initial) | | | |
| Campaign Fund for Robert R. Damron | | | Transaction ID: 32120505 Date of Disbursement |
| Mailing Address 231 Fairway West | | | $\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ D & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$ |
| 7 | State Zip Code KY 40356 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Robert Damron, STATE HOUSE 39th KY | 011 | 500.00 | |
| Candidate Name Representa Robert Damron | | Category/ Type | |
| | nent For: 2010 Primary General Other (specify) | | Robert Damron, STATE HOUSE 39th KY |

| SUBTOTAL of Disbursements This Page (optional) | • | 1000.00 |
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| TOTAL This Period (last page this line number only) | | 1000.00 |

State: KY

District: 39

| CHEDULE B (FEC FOIII 3X) | Use separate | | | INE NUMB only one) | | | | | |
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| TEMIZED DISBURSEMENTS | for each categ Detailed Sumr | mary Page | 21I 27 | 22 28a | X 23 28b | 24 28c | 25 29 | | |
| ny Information copied from such Reports and Stater for commercial purposes, other than using the nation NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic | me and address of | any political con | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | saction ID | | 644 | | |
| New Millennium PAC Mailing Address 315 C Street, SE | | | | Date | of Disburs | ement | ž 0 ŏ 9 | Y | |
| Lower Level City | | Code | | Amo | unt of Each | Disburse | ment this P | 'eric | |
| Washington Purpose of Disbursement | DC 20 | 003 | | _ | | | 1000.00 | _ | |
| Candidate Name | | C | 011 ategory/ Type | 1 _ | | | | | |
| Senate President | Primary Other (specify) | General ▼ | 1 ypc | | | | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | | 15 | 00000 | 050 | | |
| Friends for Harry Reid | | | | | saction ID of Disburs | | 653 | | |
| Mailing Address PO Box 85223 | | | | 1 1 | M / D | 1 2 / Y | ž 0 0 9 | Y | |
| City Las Vegas | | Code 185 | | Amo | unt of Each | Disburse | ment this P | 'erio | |
| Purpose of Disbursement | | | 011 | ╗ └ | | | 4000.00 | | |
| Candidate Name Harry Reid | | C | ategory/ Type | - | | | | | |
| X Senate President | rsement For: Primary Other (specify) | 2010 X General | | | | | | | |
| State: NV District: Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln | | | | I | saction ID of Disburs | | 654 | | |
| Mailing Address PO Box 3197 P O Box 118 | | | | 1 1 1 | M / D | 1 2 / Y | ^y 0 0 9 | Y | |
| City Little Rock | | Code 203 | | Amo | unt of Each | Disburse | ment this P | _ | |
| Purpose of Disbursement | | | 011 | ╗┖ | | | 2000.00 | _ | |
| Candidate Name Blanche Lincoln | | C | ategory/ Type | | | | | | |
| X Senate President | x Sement For: X Primary Other (specify) | 2010 General | | | | | | | |
| State: AR District: | | | | | | | | _ | |
| | | | | | - | | 7000.00 | | |

| SCHEDULE B (FEC Forr TEMIZED DISBURSEME | Use separ | rate schedule(s) ategory of the | FOR LINE (check only | | PAGE 30/34 |
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| | Detailed S | ummary Page | 21b 27 | 22 X 23 28a 28b | 24 25 28c 29 |
| Any Information copied from such Report for commercial purposes, other than | | | | | |
| NAME OF COMMITTEE (In Full) American Council of Life Insur | <u> </u> | | | | |
| Full Name (Last, First, Middle Initial) Friends Of Mark Warner | | | | Transaction ID: 3 | ent |
| Mailing Address 1029 North F | Royal Street 2nd Fl | | | 11 1 1 2 | Y 2009 |
| City Alexandria | State VA | Zip Code 22314 | | Amount of Each Di | sbursement this Peric |
| Purpose of Disbursement | | | 011 | | 1000.00 |
| Candidate Name Mr. Mark Warner | | | Category/ Type | | |
| Office Sought: House X Senate President | Disbursement For: X Primary Other (spec | 2014 General | | | |
| State: VA District: Full Name (Last, First, Middle Initial) | | | | | |
| Capuano For Senate Committe | | | | Transaction ID: 3 | ent |
| Mailing Address 172 Central | St | | | 11 1 7 1 2 | ['] 2009 ['] |
| City Somerville | State MA | Zip Code 02145 | | Amount of Each Di | sbursement this Peric |
| Purpose of Disbursement | | | 011 | | 2000.00 |
| Candidate Name Michael Capuano | | | Category/ Type | | |
| Office Sought: House X Senate President | Disbursement For: Primary X Other (spec | 2009 General | | | |
| State: MA District: | Special-Primary20 | 09 | | | |
| Full Name (Last, First, Middle Initial) Kind For Congress Committee | | | | Transaction ID: 3 | ent |
| Mailing Address 1207 C Stree | et, NE | | | 11 / 12 | Y ŽOŠ9 |
| City Washington | State DC | Zip Code 20002 | | Amount of Each Di | sbursement this Perio |
| Purpose of Disbursement | | | 011 | | 1000.00 |
| Candidate Name Rep. Ron Kind | | | Category/ Type | | |
| Office Sought: X House Senate President | Disbursement For: X Primary Other (spec | 2010 General | | | |
| State: WI District: 03 | Strict (Spec | | | | |
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| SCHEDULE B (FEC FOIIII 3X) | Use separate schedule(s) | (check only | E NUMBER: PAGE 31 / 34 ly one) | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 | | | | | |
| Any Information copied from such Reports and State or for commercial purposes, other than using the na | | | | | | | | |
| NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica | •• | | | | | | | |
| Full Name (Last, First, Middle Initial) Bachus for Congress | | | Transaction ID: 32286708 Date of Disbursement | | | | | |
| Mailing Address P O Box 59444 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ | | | | | |
| City Birmingham | State Zip Code AL 35259 | | Amount of Each Disbursement this Period | | | | | |
| Purpose of Disbursement | | 011 | 2500.00 | | | | | |
| Candidate Name Spencer Bachus | | Category/ Type | | | | | | |
| Senate President | sement For: 2010 C Primary General Other (specify) | | | | | | | |
| State: AL District: 06 Full Name (Last, First, Middle Initial) | | | Transaction ID: 22226700 | | | | | |
| Bennett Election Committee | | | Transaction ID: 32286709 Date of Disbursement | | | | | |
| Mailing Address PO Box 77361 | | | $\begin{bmatrix}\begin{smallmatrix}M&M&M\\1^T&M\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&D\\1^T&D\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2^T&0^T&9\end{smallmatrix}\end{bmatrix} $ | | | | | |
| City Washington | State Zip Code DC 20013 | | Amount of Each Disbursement this Period | | | | | |
| Purpose of Disbursement | | 011 | 1000.00 | | | | | |
| Candidate Name Robert Bennett | | Category/ Type | | | | | | |
| X Senate President | sement For: 2010 Primary X General Other (specify) ▼ | | | | | | | |
| State: UT District: Full Name (Last, First, Middle Initial) Tiberi for Congress | | | Transaction ID: 32286710 Date of Disbursement | | | | | |
| Mailing Address 217 Third Street, SE | | | 111 / 12 / 2009 | | | | | |
| City Washington | State Zip Code DC 20003 | | Amount of Each Disbursement this Period | | | | | |
| Purpose of Disbursement | | 011 | 1000.00 | | | | | |
| Candidate Name Patrick Tiberi | | Category/ Type | | | | | | |
| Senate President | sement For: 2010 C Primary General Other (specify) | Nr. 2 | | | | | | |
| State: OH District: 12 | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional |) | | 4500.00 | | | | | |

| ITEMIZED DISBURSEMENTS | | | - | Use separate schedule(s) for each category of the | | |) FOR L | | | UMBER: PAGE 32/ ne) | | | | <u> </u> | |
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| IT | EMI∠ED DISB | URSEMEN | 1S | | category of the Summary Page | | | 21b 27 | 22 28a | Х | 23 28b | _ | 4 8c | 25 29 | |
| | y Information copied from commercial purpose | es, other than usi | | | | | | | | | | | | | |
| | NAME OF COMMITTAMERICAN Council | , , | s Political | Action Co | mmittee | | | | | | | | | | |
| _ | | | | | | | | | | | | | | | |
| | Full Name (Last, First Friends of John Ta | | | | | | | | | | sburse | ement | 2867 | | Y |
| | | 236 Massachus Suite 508 | | | | | | | 11 | | | ^D 2 | L. | ž 0 ŏ | |
| | City Washington | | | State DC | Zip Code 20002 | | | | Amou | nt of | Each | Disbu | irseme | ent this | Perio |
| | Purpose of Disburser | nent | | | | | | | | | | | . 1 | 500.0 | 0 |
| | Candidate Name John Tanner | | | | | Ca | 01 ateg Typ | ory/ | | | | | | | |
| | Office Sought: X | House Senate President strict: 08 | Disburse | ment For: Primary Other (spe | 2010 General | | ТУР | 0 | | | | | | | |
| | Full Name (Last, First | | | | | | | | T | | ID | 000 | 007- | 10 | |
| | Perlmutter For Co | . , | | | | | | | Trans Date | | טו חס: sburse | _ | 2867 | 13 | |
| | Mailing Address (| 3440 Youngfiel | d Street #2 | 264 | | | | | 1 ^M 1 | M | ^D 1 | ^D 2 | Y | ž 0 ŏ | 9 ^Y |
| | City Wheat Ridge | | | State CO | Zip Code 80033 | | | | Amou | nt of | Each | Disbu | ırsem | ent this | Perio |
| | Purpose of Disburser | nent | | | | | 01 | 1 | L. | | | | . 1 | 0.00 | 0 |
| | Candidate Name Rep. Edwin Perlm | utter | | | | | ateg Typ | ory/ e | | | | | | | |
| | Office Sought: X | House Senate President | Disburse X | ment For: Primary Other (spe | 2010 General | | | | | | | | | | |
| | | strict: 07 | | | · | | | | | | | | | | |
| | Full Name (Last, First Barney Frank for C | . , | | | | | | | | of Di | sburse | ement | 28688 | | |
| | Mailing Address | 38 Ivy Street, S | iΕ | | | | | | 1 1 | M | ^D 1 | ^D 2 | Ľ. | ž 0 ŏ | 9 1 |
| | City Washington | | | State DC | Zip Code 20003 | | | | Amou | nt of | Each | Disbu | - | ent this | |
| | Purpose of Disburser | nent | | | | | 01 | | L. | | | _ | . 1 | 000.0 | 0 |
| | Candidate Name Barney Frank | | | | | | ateg Typ | ory/ e | | | | | | | |
| | Office Sought: X | Senate President | Disbursel X | ment For: Primary Other (spe | 2010 General ecify) | | | | | | | | | | |
| | State: MA Dis | strict: 04 | | | | | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate | schedule(s) | | FOR LINE NU | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each categ Detailed Sumr | ory of the | | Ì | 21b 27 | 22 28a | | 23 28b | 24 28c | | 25 29 | | |
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| or for commercial purposes, other than using the name | and address of | any political o | comr | mitte | e to so | licit contr | ibutio | ns fro | m such | comm | ittee | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| American Council of Life Insurers Political | Action Commi | ittee | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Trans | actio | n ID: | 32286 | 957 | | | |
| Van Hollen For Congress | | | | | | Date o | _ | | | • | | 17 | |
| Mailing Address 10605 Concord Street Suite 202 | | | | | | 1 1 | M / | ^D 1 | 2 ′ | Ž | 0 ŏ 9 | | |
| | | Code 895 | | | | Amou | nt of | Each | Disburse | ement | this P | eriod | |
| Purpose of Disbursement | | | | v . | | | | | | 100 | 00.00 | | |
| O. III. N | | | _ | 011 | الب | | | | | | | | |
| Candidate Name Rep. Chris Van Hollen | | | | tego Type | • | | | | | | | | |
| Office Sought: X House Disburse | | 2010 | | | | | | | | | | | |
| Senate X President | Primary Other (specify) | General | | | | | | | | | | | |
| State: MD District: 08 | Curor (opcomy) | • | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Trans | actio | n ID: | 32287 | 7084 | | | |
| Friends of Carolyn McCarthy | | | | | Date o | | | | | | | | |
| Mailing Address 151 Linden Road | | | | | | 1 ^M 1 | M / | ^D 1 | ^D / 2 | ž | o ŏ 9 | Y | |
| , | | Code | | | | Amou | nt of | Each | Disburse | ement | this P | eriod | |
| | NY 11 | 501 | | | | , | | | | 100 | 00.00 | | |
| Purpose of Disbursement | | | | 011 | | | - | - | - | 100 | 0.00 | | |
| Candidate Name Carolyn McCarthy | | | Ca | tego Type | • | | | | | | | | |
| Office Sought: X House Disburse | ment For: | 2010 | | | | | | | | | | | |
| | Primary | General | | | | | | | | | | | |
| State: NY District: 04 | Other (specify) | ▼ | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | 32287 | 7085 | | | |
| Congressman Bart Gordon Committee | | | | | | Date o | _ | | | | | V | |
| Mailing Address P.O. Box 2008 | | | | | | 1 1 | M / | ^D 1 | 2 / | Ž | o ŏ 9 | | |
| | | Code | | | | Amou | nt of | Each | Disburse | ement | this P | eriod | |
| Murfreesboro Purpose of Disbursement | 11N 3/ | 133 | | | | | | | | 100 | 00.00 | | |
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| Candidate Name Rep. Bart Gordon | | | | tego ype | | | | | | | | | |
| Office Sought: X House Disburse | | 2010 | - | 71 | | | | | | | | | |
| | Primary | General | | | | | | | | | | | |
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| | EMIZED DISBURSEMENT | Use separate schedule(s) | (check only | |
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| \rangle | NAME OF COMMITTEE (In Full) American Council of Life Insurers F | Political Action Committee | | |
| | Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen Mailing Address P.O. Box 44369 250 Prairie Cente | r Drive | | Transaction ID: 32287086 Date of Disbursement M M M / D D D / Y Y Y O O 9 |
| | City Eden Prairie Purpose of Disbursement | State Zip Code MN 55344 | 011 | Amount of Each Disbursement this Period 1000.00 |
| | Candidate Name Mr. Erik Paulsen | | Category/ Type | |
| | Office Sought: X House Senate President State: MN District: 03 | Disbursement For: 2010 X Primary General Other (specify) | | |

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